



**NH DEPARTMENT OF AGRICULTURE, MARKETS & FOOD
BUREAU OF WEIGHTS AND MEASURES
25 CAPITOL STREET
PO BOX 2042
CONCORD NH 03302-2042**

WEIGHMASTER EXAMINATION FORM

INSTRUCTIONS

(Read carefully before filling out this form)

1. This form must be complete and accurate as to all information requested.
2. A **\$10.00** examination fee shall accompany this form.
3. Complete the accompanying weights and measures order form to obtain your copy of the weights and measures rules
4. You will be notified, at the time the rules are sent to you, as to the date time and place where the exam will be given.
5. A minimum score of 70% is required.
6. **PLEASE TYPE OR PRINT ALL INFORMATION LEGIBLY.**

Date: _____, 200__

APPLICANTS NAME:

LAST FIRST MIDDLE

APPLICANTS RESIDENCE:

STREET CITY STATE ZIP CODE

APPLICANTS PRESENT EMPLOYER:

TELEPHONE:

____(____)_____

FORM: wmexam-1 (Rev. 3-01)

FOR OFFICE USE ONLY

Date Received _____

Check Number: _____

Date of Exam: _____

Exam Score: _____

PASS _____ FAIL _____